## Print

Itasca Police Department Records Request Submission Form - Submission #946

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Requester Information	tion:				
First Name:*		Last Name:*			
Candice		Garcia			
Address:*	City:*	1	State:*		Zip Code:*
	Itasca		Illinois	~]	60143
Daytime Phone Number:*		Email:		Fax Nu	mber
		candice@lucypar	sonslabs.com		
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## Appeal:

You have the right to file a written appeal to the Attorney General's Public Access Counselor within 60 days of receipt of the denial. The Public Access Counselor can be reached at 877-299-FOIA (3642) or publicaccess@atg.state.il.us.

Pate Received: Date (	
mm/d/yyyy	d/yyyy
-Action Taken	Partial compliance*
Compliance with request	
Search completed with no records located	
Records may be exempt with further review required	Pursuant to section five (5) of the Illinois Freedom of Information Act, certain material contained within the original request has been deleted or omitted because the material is exempt from disclosure under the following provision(s)
Partial compliance*	of the Act above.
Request Denied	The records requested are exempt*
Disclosure Prohibited by State or Federal Law	
Disclosure would result in an unwarranted invasion of personal privacy	Under the following provisions of the Illinois FOIA Act above.
The records requested are exempt*	

Name:

Title:

Personal responsible for

Personal responsible for

FOIA form

FOIA form: